

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90058 027 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726270**

1. Corporation Name

**EASTPOINTE CONDOMINIUM 1 ASSOCIATION, INC.**

Principal Place of Business  
**5380 NORTH OCEAN DRIVE  
RIVIERA BEACH FL 33404**

Mailing Address  
**5380 NORTH OCEAN DRIVE  
RIVIERA BEACH FL 33404**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1559585	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

**JOYCE O'NEILL  
EASTPOINT CONDO I. ASSOCIATION  
5380 NORTH OCEAN DRIVE  
RIVIERA BEACH FL 33404**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ALBERT	1.2 NAME	
STREET ADDRESS	5380 NORTH OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, BENITA	2.2 NAME	
STREET ADDRESS	5380 NO OCEAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER, EDWARD	3.2 NAME	Izzo/James
STREET ADDRESS	5380 N OCEAN DR	3.3 STREET ADDRESS	5380 N. Ocean Drive
CITY-ST-ZIP	RIVIERA BCH, FL 33404	3.4 CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDLIN, EDWARD	4.2 NAME	
STREET ADDRESS	5380 N OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH, FL 00000 33404	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUKYDIS, OLIVE	5.2 NAME	Lundy/Barbara
STREET ADDRESS	5380 N OCEAN DR	5.3 STREET ADDRESS	5380 North Ocean Drive
CITY-ST-ZIP	RIVIERA BCH, FL 00000	5.4 CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAFIA, JOSEPH	6.2 NAME	
STREET ADDRESS	5380 NORTH OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)